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Susan L. Eick

Signature

March 30, 2004

Date of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott et al.

Examiner: Shanon A. Foley

Filed: June 4, 2001

Art Unit: 1648

Serial No. 09/873,881

For: Recombinant Multivalent Viral Vaccine

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to a communication dated October 3, 2003, subjecting the claims to a Restriction requirement, Applicants hereby elect Group I (claims 1-5 and 8-11) without traverse.

This response is being filed with a request for five-month extension. A check for \$2010.00 is enclosed. If any additional fee is due, the USPTO is authorized to charge to Deposit Account no. 08-2442.

Respectfully submitted,

By:

Raniana Kadle/Reg. No. 40,041

HODGSON RUSS LLP One M & T Plaza, Suite 2000 Buffalo, New York 14203-2391 Dated: March 30, 2004

BFLODOCS: 911457 v1 (JJ@901!.DOC)

04/02/2004 SSESHE1 00000037 09873881

01 FC:1255

2010.00 OP

ATPAE ,								
PTO/SB/17 (10-03) Approved for use through 07/31/2006, OMB 0651-0032				Application Number			09/873,881	
APR 0 1 2004 FEE TRANSMITTAL				Filing Date			June 4, 2001	
$\mathcal{E}/$ for FY 2004				First Named Inventor			Scott et al.	
Effective 1/01/2003. Patent Fees are subject to annual revision.			Ī	Examiner Name			Shanon A. Foley	
Applicant claims small entity status. See 37 CFI			R 1.27.		Group/Art Unit		1648	
TOTAL AMOUNT OF PAYMENT (\$) 2010.00				Attorney I	Attorney Docket Number		18617.0075	
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
■ Check □ Credit Card □ Money Order □ Other □ None		3. ADDITIONAL FEES						
Deposit Account: Deposit Account Number: 08-2442		Larg	e Entity	Smal	Small Entity			
Deposit Account Name: Hodgson Russ LLP The Director is hereby authorized to (check all that apply)		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
☐ Charge fee(s) indicated below Charge any fee deficiencies or credit any overpayments		1051	130	2051	65	Surcharge - late filing fee or oath		s
Charge any additional fees during pendency of this application.			50	2052	25	Surcharge - late provisional filing fee or cover sheet		s
Charge fees indicated below, except for the filing fee to the above-identified deposit account		1052	130	1053	130	Non-English specification		s
FEE CALCULATION		1812	2,520	1812	2,520	For filing a request for ex parte reexamination		s
1. BASIC FILING FEE		1804	920*	1804	920*	Requesting Publication of SIR prior to Examiner Action		s
Large Entity Fee Fee Fee Fee	Fee							
Code (\$) Code (\$) Fee Description	Paid	1805	1,840*	1805	1,840*	Requ	esting Publication of SIR after Examiner Action	\$
1001 *770 2001 385 Utility filing fee	<u> </u>	1251	110	2251	55	Exter	nsion for reply within first month	S
1002 340 2002 170 Design filing fee	<u>s</u>	1252	420	2252	210	Exte	nsion for reply within second month	s
1003 530 2003 265 Plant filing fee	\$	1253	950	2253	475	Exte	nsion for reply within third month	s
1004 770 2004 385 Reissue filing fee	<u>s</u>	1254	1,480	2254	740	Exte	nsion for reply within fourth month	s
1005 160 2005 80 Provisional filing fee	. s	1255	2,010	2255	1,005	Exte	nsion for reply within fifth month	\$2010
SUBTOTAL (1)	· s o	1401	330	2401	165	Notic	ce of Appeal	s
"2. EXTRA CLAIM FEES FOR UTILITY/ REISSUI Extra Fee from		1402	330	2402	165	Filin	g a brief in support of an appeal	s
Claims below 1. Total Claims / / -20** = / / x / / =	\$	1403	290	2403	145	Requ	nest for oral hearing	s
Independent Claims / /- 3**= / / x / /=	\$	1451	1,510	1451	. 1,510	Petiti	ion to institute a public use proceeding	s
Multiple dependent / / x / / =	\$	1452	110	2452	55	Petiti	ion to revive - unavoidable	s
Large Entity Small Entity			1,330	2453	665	Petition to revive - unintentional		s
Fee Fee Fee Code (\$) Code (\$) Fee Description		1501	1,330	2501	665	10 advance copies Utility issue fee (or reissue)		\$ \$
1202 18 2202 9 Claims in excess of 20		1502	. 480	2502	240	Design issue fee		s
:						Plant issue fee		s
1201 86 2201 43 Independent claims in excess of 3		1503	640	2503	320			
1203 290 2203 145 Multiple dependent claim if not paid 1204 86 2204 43 **Reissue independent claims over		1460	130	1460	130	Petitions to the Commissioner		S
original patent 1205 18 2205 9 **Reissue claims in excess of 20 and		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		\$
over original patent		1806	180	1806	180	Submission of Information Disclosure Statement Recording each patent assignment per property (times		S
SUBTOTAL (2)	\$0	8021	40	8021	40		ber of properties)	S
SUBMITTED BY: Ranjana Kadle Reg. No. 40,041		1809	770	2809	385	Filing a submission after final rejection(37 CFR 1.129(a))		\$
SIGNATURE COMMANDE		1810	770	2810	385	For each add'l invention to be examined(37 CFR1.129(b))		\$
DATE: March 30, 2004 Telephone: (716) 848-1628			770	2801	385	Request For Continued Examination (RCE)		s
			900	1802	900	Request for Expedited Examination of a design application		s
			Other fee (specify)					
			*Reduced by basic filing fee paid SUBTOTAL (3)					

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